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Bib Data Sheet

CONFIRMATION NO. 7229

<b>SERIAL NUMBER</b> 10/088,626	<b>FILING DATE</b> 03/18/2002 <b>RULE</b>	<b>CLASS</b> 116	<b>GROUP ART UNIT</b> 2859	<b>ATTORNEY DOCKET NO.</b> 3960.010
<b>APPLICANTS</b> Peter Wilhelm Koenig, Hamburg, GERMANY; Martin Hinzmann, Hamburg, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE00/02375 07/21/2000 <i>dc-AJH 1/22/03</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 19944788.8 09/18/1999 <i>dc-AJH 1/22/03</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/09/2002				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Amanda D. Dalen</i> Acknowledged <i>AJH</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Stephan A Pendorf Pendorf & Cutliff P O Box 20445 Tampa, FL 33622-0045				
<b>TITLE</b> Supply meter for liquid and gaseous mediums				
<b>FILING FEE RECEIVED</b> 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>ADDRESS</b> STEPHAN A. PENDORF PENDORF & CUTLIFF 5111 MEMORIAL HIGHWAY TAMPA , FL 33634-7356				
<b>TITLE</b> Supply meter for liquid and gaseous mediums				
<b>FILING FEE RECEIVED</b> 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	